



Researching
alcohol harm

30 YEARS
OF
IMPACT

ABOUT US

Alcohol Research UK works to reduce levels of alcohol-related harm by ensuring that policy and practice can always be developed on the basis of research-based evidence.

We are a lead funder of high quality research into the causes, impact and prevention of alcohol-related harm and are the only organisation exclusively dedicated to building an evidence base in this area.

ABOUT THIS REPORT

Alcohol Research UK commissioned a small team of consultants led by Professor Richard Velleman, who is also Emeritus Professor at the University of Bath, to carry out an impact study of all grant awards funded by Alcohol Research UK and its predecessor body, the Alcohol Education and Research Council, between 1982 and 2014. The other members of the Evaluation Team were Lorna Templeton, Dr Anthony Hewitt and Gill Velleman. This report is based on the findings of that study and highlights where our work has had a positive impact.

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CHAIRMAN'S FOREWORD

American author and civil rights activist, Maya Angelou, put it very simply: "Now that I know better, I do better." Applying that to alcohol research, perhaps we can say that knowledge is good – but unless we ensure it's translated into action, it's as good as useless.

Much of the ground-breaking research that Alcohol Research UK and our predecessor body the Alcohol Education and Research Council have funded over the past 34 years has been put to excellent use in changing practice and policy to reduce alcohol harms.

From frontline clinicians treating and supporting people with alcohol problems to government ministers formulating national alcohol strategies, our research findings have played an important part in expanding the knowledge base that underpins action.

But surprisingly, we have never carried out a thorough in-depth audit of the impact that each of the nearly 900 projects, fellowships and studentships we have funded has had on practice, policy and alcohol harm, going right back to our origins in 1982.

So we commissioned a project to fill that gap. It was truly comprehensive – probably one of the deepest trawls of historical impact undertaken by any research-funding charity in recent years. It reveals a wealth of data covering an impressively wide range of approaches: from studies of attitudes and cultures around drinking, to analysing the effects of price, availability and marketing on drinking habits, and to assessing the effectiveness of rehab for chronic alcohol dependency. This report summarises some of the key data and case studies from the project.

I think you'll agree that it amounts to a very substantial body of work from a relatively small organisation. Through our academic partners we are adding to an unrivalled evidence base and helping to shape the entire field of alcohol harm reduction, not just in the UK but far beyond. In short, this report demonstrates that we are punching well above our weight.

From now on our intention is to embed impact measures in everything we do. This will help us assess the effectiveness of our funding programmes and ensure our research investments continue to strengthen development, creativity and innovation in the alcohol field.

As Benjamin Franklin once observed: "An investment in knowledge always pays the best interest." My fellow trustees and I are committed to ensuring that Alcohol Research UK not only continues to invest in knowledge but also monitors the extent to which our findings are translated into real impacts with real returns in achieving more effective policy and practice.

Professor Alan Maryon-Davis
Chair of Trustees
Alcohol Research UK



“Alcohol Research UK’s work remains vital and continues to fill many gaps in alcohol research both in the UK and internationally. The impact of its awards has been extensive in a number of important areas... facilitating research, practice, policy and career development which, in a considerable number of cases, would not have happened without its funding support. From the evaluation we have conducted, Alcohol Research UK is as important now as it has been over the whole of its first 30 plus years.”

Professor Richard Velleman Emeritus Professor at the University of Bath

commenting on Alcohol Research UK’s overall impact drawn from the independent study he and his colleagues carried out on the organisation in 2015 in his consultancy capacity.

CHIEF EXECUTIVE'S INTRODUCTION

Alcohol plays a significant but somewhat ambiguous role in UK society. While it undoubtedly brings benefits to the lives of many it can at the same time create serious problems when used to excess. Some of the statistics are startling:

IN
2014
THERE WERE
8,697
alcohol-related deaths
registered in the UK ¹

OVER
333 000
HOSPITAL ADMISSIONS
in England were directly attributable
to alcohol in 2013-14 ²

1/4
MILLION
PEOPLE
in England are estimated
to be moderately or severely
dependent on alcohol ³

The solutions to these problems are complex and multi-faceted, involving a vast and sometimes disparate range of players. They cut across public health, primary care, criminal justice, treatment, social care, education, mental health, the law, economics, government, academia and the alcohol industry to name but a few.

It's Alcohol Research UK's job to ensure that the people working in these areas can develop policy and practice on the basis of research-based evidence. Whether that be Government developing a national strategy or a service provider developing a new treatment programme, we want them to make the best informed decisions and to take actions that work.

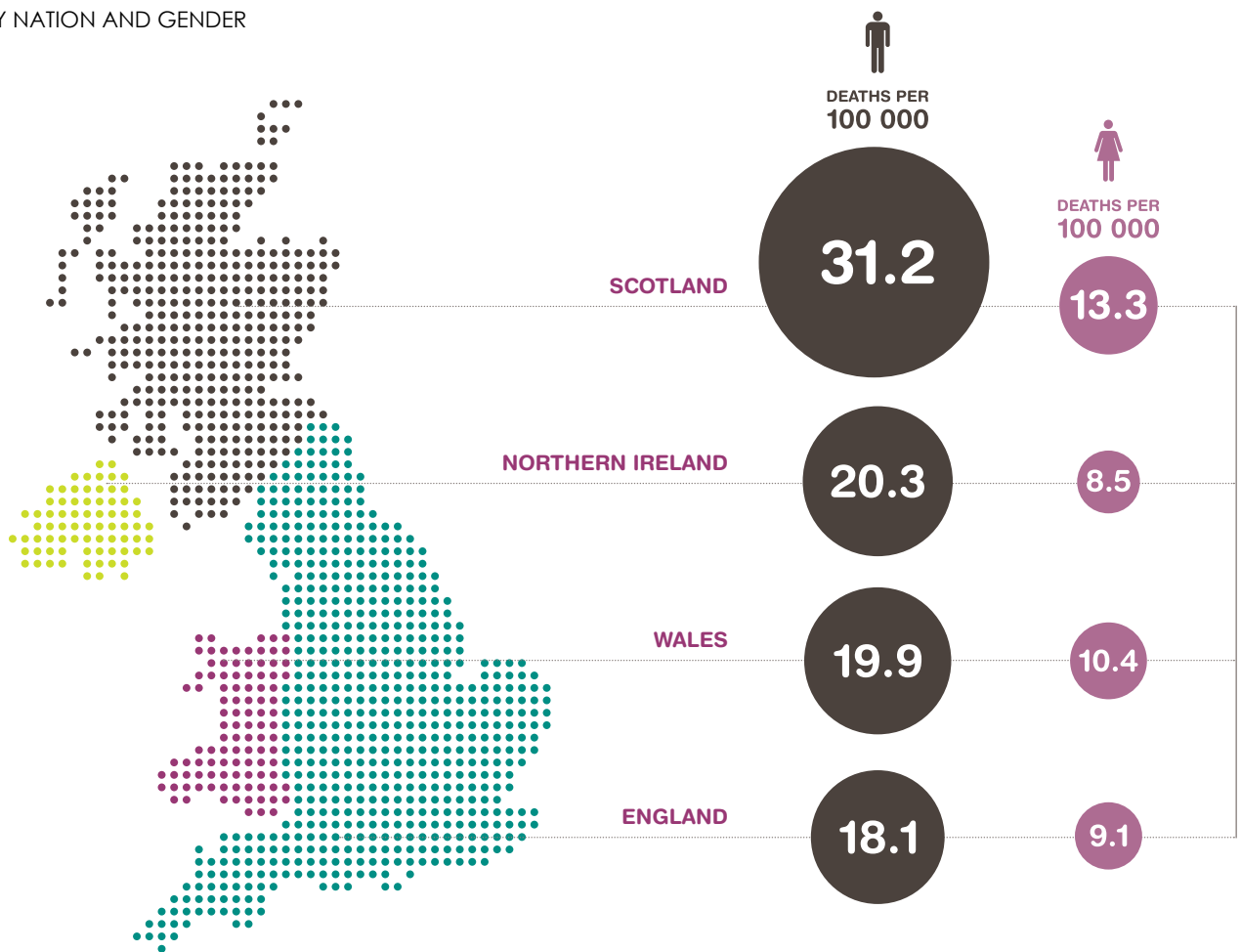
We fund high quality, impartial, research into the causes, impact and prevention of alcohol-related harm. Indeed, we are the only UK organisation exclusively dedicated to doing so. Since 1982, we've awarded more than **£24 million**⁴ in grants to nearly 900 projects⁵. Awards have ranged from six-figure investments in major research projects, to grants of less than £100 to enable a student to attend and present at an important conference.

Of course, our research is only effective if the policymakers and practitioners get to hear about it. Therefore, another key part of our work is using a variety of communication channels to present our findings. These include our website; social and other media; conferences, workshops and seminars; and by providing direct support and advice.

Our grants have helped develop the careers of many leading figures in alcohol research and we have funded cutting-edge science that has resulted in major changes to the way that services are delivered. However, the most important fact is that our work is having a direct impact on the lives of individuals who are, or are at risk of, suffering from the harms caused by alcohol.

Naturally, we can't do all this alone and thanks must go out to the many individuals and organisations who work with us, whether they be our partner agencies, our donors, the funders who work alongside us, the expert volunteers who help us decide which projects to fund or the researchers themselves. It's incredible to think that over 1,000 people have been a main recipient of Alcohol Research UK awards.

COMPARING ALCOHOL-RELATED DEATH RATES IN 2014 BY NATION AND GENDER



Source: Office for National Statistics (2016), Alcohol-related deaths in the UK, registered in 2014

However, there is clearly a lot more that needs to be done. If we want to have the kind of impact on people's lives that we envisage, then we are going to have to invest in even more research and step up our level of influence. Fortunately, our board of trustees has decided to do just that. Our own resources are limited, so we are going to be looking for even more supporters to work with us. Whether you are a potential donor, partner or someone else who can help us tackle the problems caused by alcohol, please get in touch.

Together we can make that difference.

Dave Roberts
Chief Executive
Alcohol Research UK



REDUCING ALCOHOL HARM

Alcohol misuse estimated to cost

NHS England

£3.5
BILLION
per year



Source: HSCIC, Statistics on Alcohol 2015: 33

Alcohol harms can be complex and wide-ranging. Heavy and dependent drinking can have devastating effects in terms of physical and mental wellbeing. However, the harms caused by problem drinking extend far beyond the individual: from the families of dependent drinkers to victims of alcohol-related violence or drink-driving. The problems that alcohol can cause, and the solutions we develop, cut across society and require action on a range of fronts.

As a leading source of expertise in the alcohol field, we know that high quality research is crucial in reducing harms. We work to build knowledge and understanding of the many different factors that put people at risk of alcohol harm, and about the most effective ways those harms can be addressed.

Our expertise has been developed over three decades of dedicated research funding and has been instrumental in identifying many of the underlying drivers of alcohol harms. This knowledge enables us to support social and health care practitioners and policymakers develop effective treatments and interventions that significantly improve the way we identify, manage and treat those affected by or at risk of alcohol harm in the UK.

Over the past 30 years, our research has had a significant impact on policy and practice across the UK and beyond. To help illustrate this, in the pages that follow, we focus on five specific areas where our work has made a difference: in developing effective interventions; supporting those at risk of harm; improving understanding about drinking behaviour and culture; evaluating education and prevention; and enhancing and influencing policy.

“ Our research is focused on helping to reduce the negative impacts of alcohol across society. This involves understanding what triggers problematic behaviours around alcohol; what social factors shape our attitudes to drink; what policies can reduce the risks of harmful consumption; and what interventions can best help people whose drinking is causing problems. We believe in tackling these issues from a range of perspectives in order to develop a complete picture of both the challenges we face and their most effective solutions.”

Dr James Nicholls, Director of Research and Policy Development, Alcohol Research UK



NUMBER OF ADULTS CONSIDERED
TO BE DRINKING AT HARMFUL LEVELS

2.2 MILLION
PEOPLE
drinking at higher risk of harm

1.6 MILLION
PEOPLE
may have some degree of
alcohol dependence

250 000
PEOPLE
are moderately or severely dependent

DEVELOPING INTERVENTIONS

DEFINITION OF BRIEF INTERVENTIONS

Brief interventions go under a variety of names and acronyms (e.g. 'screening and brief intervention', 'identification and brief advice', 'alcohol brief interventions'). While there are differences in approach, in general they are designed to identify and support people at risk of experiencing alcohol-related harms or developing alcohol use disorders. A brief intervention usually follows a screening process, such as a version of the alcohol questionnaire, and involves the delivery of brief advice aimed at raising the drinker's awareness of strategies for reducing risk. While most commonly delivered in primary care, brief interventions are increasingly being delivered in locations such as A&E departments, custody suites, dentists, community pharmacies and the workplace. There have also been recent developments in delivering brief advice online. Brief interventions have been recognised by successive UK Governments as a key element in alcohol harm reduction.

DEFINITION OF RANDOMISED CONTROLLED TRIAL

Randomised Controlled Trials (RCTs) are used to test the effect of an intervention or treatment on a population. In an RCT, a sample population is randomly split and assigned to two groups, only one of which (the 'experimental group') receives the intervention. The 'control group' receives no intervention or treatment. The outcomes are then compared. RCTs are considered the 'gold standard' for trials as they are most effective in minimising bias.

Over the past 30 years, Alcohol Research UK has spent almost £2.4 million⁶ on projects focused on developing screening and brief intervention initiatives.

This group of studies has made important contributions towards building and extending knowledge, enhancing practice, influencing policy, and opening up new areas of work, both across the UK and internationally.

Our research has ranged from the development of screening tools – such as the widely used FAST (Fast Alcohol Screening Test) questionnaire – to funding randomised controlled trials of brief interventions in primary healthcare, community pharmacies, Accident and Emergency (A&E) departments and other hospital settings such as oral maxillofacial departments. We have funded studies of brief interventions in communities, criminal justice, universities and workplace settings.

Much of our work in this area has been international in scope, and we have provided a number of grants supporting UK participation in international research collaborations. For example, in 1984 we contributed to a World Health Organization-led study of low-cost interventions for problem drinkers which helped establish the evidence-base for brief advice.

“ The 1984 project was part of a WHO multinational study that had very wide dissemination and influence. It has been very widely quoted and... served as a foundation for other studies.”

Professor Ray Hodgson

We were also one of the first organisations to support work towards the development of online interventions.

“ The 1984 grant was a ground-breaking trial of screening and brief interventions for risky drinkers in general practice which has been widely acclaimed as a seminal work in the field... The subsequent grant enabled us to complete the preparation for the Medical Research Council funded ‘Down Your Drink’ trial. The trial has contributed substantially to the development of the growing field of online screening and brief intervention for risky drinking.”

Professor Paul Wallace

In 1995, we funded Professors Brian McAvoy, Eileen Kaner and Nick Heather to carry out, in collaboration with the World Health Organization, a Randomised Controlled Trial looking at methods of encouraging uptake and utilisation of early interventions by GPs. The study was successful in establishing which approaches were most useful and cost-effective, and produced several published papers and presentations at national and international conferences. It also helped to develop the research team and the careers of the researchers involved.

In 1996, we funded Professor Jonathan Shepherd to carry out an evaluation of the effectiveness of a brief intervention delivered in A&E departments. The impact from this study has been wide-reaching, including highly-cited publications and the presentation of findings at over 50 UK and international conferences. The findings also prompted the Royal College of Surgeons to issue a statement on brief advice, which informed the development of the Department of Health SIPS (Screening and Intervention Programme for Sensible Drinking) trials and was recently included as recommended good practice in the Joint Commissioning Panel for Mental Health’s guidance for commissioners.

Building on the trial findings and the Royal College of Surgeons’ guidance, Professor Shepherd was successful in securing, along with the Welsh Government, a further grant from Innovation UK to embed brief advice into NHS practice in Wales, leading to the development of the ‘Have a Word’ training programme and brand.



The 'Have a Word' team have now trained 11,000 health and other professionals to deliver brief advice.

“ The impact of this project has been truly amazing – especially as I think back over the past 12 years. It's prompted and galvanised a great deal of knowledge transfer, policy development and real practice change.”

Professor Jonathan Shepherd

In 2001, we funded a Randomised Controlled Trial, led by Professor Mike Crawford, aiming to reduce alcohol misuse in those attending A&E departments by comparing the effectiveness of a referral to an alcohol health worker with the receipt of information. The outputs included five academic peer-reviewed publications, including a highly-cited paper in *The Lancet*.

The findings were quoted in a range of Government documents, including: the Public Health White Paper *Choosing Health* (2004); the 2010 House of Commons Health Committee report on alcohol; a 2010 report by the National Health Service Confederation & Royal College of Psychiatrists on alcohol costs to the NHS; the Department of Health report *Commissioning intervention to reduce alcohol related harm* (2009); and the report by the National Audit Office *Reducing Alcohol Harm: health services in England for alcohol misuse* (2008).

Additionally, the National Institute for Health and Care Excellence (NICE) recommendations on the prevention of alcohol misuse refer extensively to this body of research and highlight the need for greater use of opportunistic screening and brief intervention in general medical settings.

In 2006, we published the first study to research the potential of brief intervention delivery by community pharmacists.

“ This was the very first study to research the potential for pharmacists based in the community to deliver alcohol brief interventions... This study has been widely cited and formed the basis to support several grant applications (ours and others) to take forward into effectiveness studies. Our research in this area was included in a Scottish government review of the position of community pharmacy in delivering alcohol brief interventions in areas in Scotland.”

Professor Derek Stewart

In 2009, the **Alcohol Academy** was established with an Alcohol Research UK grant. It aims to promote effective alcohol harm reduction by working with and supporting local alcohol roles and commissioners, and by providing hands-on support for the delivery of brief interventions. The Alcohol Academy's work on brief interventions has had a number of substantial impacts. It has delivered training across England, run national conferences and produced widely-read reports on the state of brief intervention activities and support. Through its media activities (including the **Alcohol Policy UK blog**), it helps ensure that stakeholders, practitioners and service users can be kept abreast of the latest developments in brief interventions research and practice.

In 2012, we funded Dr Bob Patton to survey brief interventions in emergency units in England. The results showed that, compared to an earlier 2006 survey, levels of screening, provision of help or advice and access to Alcohol Health Workers or Clinical Nurse Specialist services had all increased significantly.

More recently, we have supported work on the delivery of brief interventions in non-primary care settings – including an extensive review by Professor Betsy Thom and colleagues. This has highlighted some of the key challenges in expanding the delivery of brief interventions and will help to ensure that future developments are both effective in their delivery and cost-effective in their outcomes.

A national study of acute care Alcohol Health Workers

Alcohol Health Workers are specialist staff – usually nurses – working in hospitals to identify and work with patients drinking at levels that may impact or have already impacted on their health. While a range of policy documents, including the Government's Alcohol Strategy (in England), recommend the expansion of Alcohol Health Worker provision (leading to a rapid increase in such posts across the acute care sector), there has been limited research exploring their nature and coverage.

In 2014, we published a survey which points to widespread delivery in this difficult, but important, healthcare setting. This study was carried out by Sarah Baker (Leeds Metropolitan University) and Charlie Lloyd (University of York) to evaluate the effectiveness of acute care Alcohol Health Worker provision. The study found that the provision was precarious in many instances, with limited management support, short-term funding issues, and a lack of ownership from key agencies. Over time, the study showed that Alcohol Health Workers tended to migrate up the alcohol problem gradient, working with dependent drinkers rather than undertaking or encouraging identification and brief advice. Given the complex and multi-faceted nature of their work, Alcohol Health Workers found it difficult to demonstrate their effectiveness through routine data collection. Therefore, the study found there to be an urgent need for more sophisticated outcome evaluations in this field.

Alcohol Concern's Volunteer Alcohol Counsellors Training Scheme

In 1987, we funded Alcohol Concern to establish the Volunteer Alcohol Counsellors Training Scheme (VACTS) to oversee the training and accreditation of volunteer alcohol counsellors across local alcohol agencies in England and Wales. This involved the creation of syllabi; national standards over competency requirements of trainees, trainers and supervisors; and national standards relating to accreditation of both counsellors and organisations who might use these counsellors.

“ ... large numbers... received accredited education and training in alcohol and alcohol counselling, with the result that greater numbers of clients were able to receive help of regulated quality. VACTS was innovative and unique at the time and was a forerunner of – and directly led to – the creation of DANOS (Drug and Alcohol National Occupational Standards) and the professionalisation of the alcohol counselling sector.”

Eric Appleby, former CEO of Alcohol Concern

Drug and Alcohol Findings' promotion of research evidence

Drug and Alcohol Findings is the leading global resource for evidence on alcohol and drug treatment and interventions. It is co-funded by Alcohol Research UK and the Society for the Study of Addiction. This important collaboration plays a key role in disseminating research findings and helping to improve both knowledge and practice in the field of alcohol harm reduction.

Drug and Alcohol Findings' website currently holds approximately 17,000 research documents, commentaries and evidence overviews and gets around 100,000 visits per month. The organisation aims to extend the reach of high quality evidence-based research to practitioners and bridge the divide between research on the effectiveness of responses to drug and alcohol problems and the people who provide those interventions. Uniquely, the organisation not only collates the published research, but provides user-friendly summaries that encapsulate the studies' findings, sets them in context and explores implications for practice.

In recent user surveys, 70% to 80% of respondents have said that Drug and Alcohol Findings had developed their thinking and/or changed their present or planned responses to drug and alcohol problems.

The organisation considers funding from Alcohol Research UK to be essential in enabling it to continue to disseminate research findings to the field.

“ Funding from Alcohol Research UK was essential to the continuance of the Drug and Alcohol Findings project: without it, the project would have had to fold.”

Mike Ashton, Founding Editor of Drug and Alcohol Findings



SUPPORTING AT-RISK GROUPS

Our research over the last 30 years has supported specific groups who are at risk of harm. This includes: people experiencing health inequalities; families; young people; drinkers who are deaf, who have sight loss, or who have learning disabilities; pregnant women; black and minority ethnic populations; older adults; those who have experienced intimate partner violence; and the needs of rough sleepers.

This work has been vital in identifying robust evidence which helps to advance effective interventions and social and medical care for those at risk. In all areas of this work, the impacts have been significant and have led to major positive changes in the health and well-being of affected individuals (children, other adult family members and drinkers themselves). This work has also produced large numbers of publications in peer review journals, conference presentations, follow-on funding to support new programmes of work, and many other outputs including training materials, websites and toolkits.

Alcohol consumption and socio-economic factors

Policymakers, health and social care professionals, and researchers have long been interested and concerned about the apparent relationship between health and socio-economic status (SES). Most importantly, research shows that drinkers in the most socio-economically deprived neighbourhoods are many times more likely to die from an alcohol-related condition than their counterparts living in the least deprived, despite there being little difference in consumption between these types of areas.

In 2012, we funded the Centre for Public Health at Liverpool John Moores University, led by Professor Mark Bellis, to conduct a study aimed at understanding why people from deprived communities tend to have poorer health, including significantly greater levels of alcohol-related disease and mortality, than people in non-deprived communities, despite drinking similar amounts of alcohol – the so-called alcohol harm paradox.

The study developed several hypotheses which were tested through an extensive literature review, an analysis of existing population data sets, and the development of a bespoke national survey in England (administered to over 7,000 people) to better estimate actual alcohol consumption.

There were a number of major results from this work. It supported the existence of a relationship between SES and alcohol-related harm and developed a number of hypotheses as to why this relationship exists. A 2015 paper published in *BMC Medicine* reporting on the national survey received widespread media coverage, and showed that when asked about drinking on special occasions (rather than using the more typical measures used in routine surveys), drinkers reported consuming around an extra bottle of wine per person compared to previous surveys. This generates better estimates of actual alcohol consumption than typical drinking measures alone. Standard surveys show drinkers consuming up to 50% less alcohol than appears to be sold; this study helped find where some of those 'missing units' were. This paper is now identified as one of *BMC Medicine*'s 'highly accessed' papers and has a top 5% Altmetric score.

A second paper, published in *BMC Public Health* in early 2016, proposed that one key factor in the 'harm paradox' was the interaction between drinking, diet, smoking and physical exercise. People who had poor nutrition or smoked were more likely to suffer alcohol-related harms even when drinking at the same level as others. This finding has the potential to radically change the way we think about both the 'harm paradox' and alcohol risks more widely. It showed that alcohol consumption should not be viewed in isolation and reiterated the need for better understanding of the implications of the alcohol harm paradox to better inform policy and practice.

Further publications from this flagship research project are expected. It is hoped that it will play a significant role in developing our understanding of this critically important phenomenon.

“ Working with Alcohol Research UK we have been able to shed new light on a number of long-standing health questions relating to alcohol. Quantifying how much alcohol people drink on special occasions, but don't consider to be part of their usual drinking, has helped explain some of the huge differences between amounts of alcohol sold and the smaller amounts people report drinking in surveys. Our work has also helped us understand the Alcohol Harm Paradox – why, despite deprived and affluent communities having similar average alcohol consumption, deprived communities suffer greater levels of alcohol related harms.”

Professor Mark Bellis

ALCOHOL HAS BEEN IDENTIFIED AS A CASUAL FACTOR IN MORE THAN

600

MEDICAL CONDITIONS

INCLUDING

DEPRESSION
 MENTAL HEALTH
 DEMENTIA
 DEPENDENCY
 MOUTH CANCER
 THROAT CANCER

HYPERTENSION
 HEART DISEASE
 STROKE
 BREAST CANCER
 STOMACH CANCER
 FOETAL ALCOHOL SYNDROME
 LIVER CANCER
 LIVER DISEASE
 CIRRHOSIS OF THE LIVER
 PANCREATITIS

Working with families and children

We have spent over **£1 million**⁷ on a range of projects focused on developing primary research and increasing understanding across the UK and internationally about the experiences and needs of both children and adult family members suffering from the impacts of alcohol-related harm. Many of the programmes we have supported, such as Moving Parents and Children Together (M-PACT) continue to play an important role in helping vulnerable children across the UK. Recently, we have also supported the development of new, and potentially useful, family programmes such as the 'five-step' programme currently being developed in Northern Ireland.

As well as developing new and often innovative research, this group of awards has made an important contribution to building the capacity of frontline workers, helping them to target and respond to the individual needs of children, affected adult family members, and drinkers themselves within this challenging environment.

This focused effort has helped to ensure that the needs of children and families who experience the effects of alcohol harm within a family setting are better recognised within policy development. This is an important development given that this area of work has been insufficiently supported by other funders and policymakers for decades.

In 2004, we funded a number of projects that piloted and evaluated the Strengthening Families Programme, originally developed in America to help develop resilience within families. Strengthening Families has gone on to become a widely-used support programme for vulnerable families across the UK.

“ The study was the first evaluation of the Strengthening Families Programme 10-14 in the UK context and also provided important information about the cultural adaptation of the programme in the UK... Without this it is unlikely that policy makers, commissioners, practitioners would have chosen the programme.”

Lindsey Coombes

Roles of alcohol in intimate partner abuse

In 2014, we funded Professor Liz Gilchrist and colleagues to carry out a study of the role of alcohol in intimate partner abuse. The study collected quantitative and qualitative data to investigate links between drinking and relationship conflict. It found that there was a very strong connection between alcohol use and domestic violence, with police records showing two-thirds of domestic incidents as involving at least one of the couple concerned being under the influence of alcohol. It also found that spikes in violence were often associated with cultural events, in particular the Glasgow 'auld firm' football fixture. This and other events associated with heavy drinking (such as New Year's Eve) were commonly linked to spikes in domestic violence cases.

The research also sought to explore the use of alcohol as an excuse for domestic abuse, and to consider the evidence to support or challenge previously proposed theoretical links between domestic abuse and alcohol (McMurrin & Gilchrist, 2008).

According to alcohol screening tools, those convicted of domestic abuse were more risky drinkers (from their AUDIT (Alcohol Use Disorder Identification Test) scores) and associated their drinking with aggression more (from their ARAQ (Alcohol-related Aggression Questionnaire) scores) in comparison to other groups.

Interviewed participants considered alcohol to have a direct effect on their behaviour and did sometimes present alcohol as an exculpatory factor. However, alcohol's role in conflict was not restricted to times of intoxication but extended across issues such as male entitlement to drink, control or prevention of his partner's drinking and his spending from the family budget to buy drink.

The study also found clear indications of intertwined cultural, sub-cultural, familial and contextual influences on gender and alcohol use, such that when women were drinking they were held more accountable for any relationship conflict (victim blaming), whilst if men were drinking they were held to be less accountable (accused excusing).

The findings showed that alcohol is correlated to domestic abuse, but plays a complex role in the lives of both perpetrators and victims. It identified the need for social and police services to consider the possible role of alcohol when dealing with domestic violence. It also suggested that joint intervention might be appropriate for those experiencing relationship conflicts.

UNDERSTANDING BEHAVIOUR AND CULTURE

In order to tackle alcohol-related harms, it is critical that we better understand the role of culture on drinking behaviours. Peer pressure, media representations, social norms, marketing and other social factors play an important role in shaping behaviour. We have funded many projects that seek to improve our understanding of these complex processes, from small-scale anthropological studies to large scale, international surveys. We feel that this work will continue to play a key role in our activities in the future.

The European Schools Project on Alcohol and Drugs

In the late 1990s, we supported UK participation in ESPAD (European Schools Project on Alcohol and Drugs⁸ which includes around 40 countries) and in GENACIS (Gender Alcohol and Culture: An International Study) through a grant to the Alcohol Health Research Centre.

ESPAD is an international, collaborative survey that was produced every four years between 1995 and 2011, with plans for further updates in the future. It provides information on alcohol levels, patterns and harm related to young people's drinking and smoking across Europe.

The GENACIS study, involving 40 countries, explored issues such as patterns and problems of women's drinking, the impact of work on women's lives, reported child abuse, and intimate partner violence. Initial results provided the first indication of a real increase in young women's drinking and the effect it was having on them.

Our support for both ESPAD and GENACIS has helped in the production of international data that has had both a significant research impact, through numerous peer-reviewed papers, and a major impact in shaping the views of policymakers and the public around both youth drinking and gender.

Professor Moira Plant's involvement with this study also led to improvements in the quality of research being undertaken in collaborating countries with a less established tradition of epidemiological research.

Effects of glass shape on drinking rate and drinking topography in social alcohol drinkers

In 2009, we provided a Small Grant to Angela Attwood (University of Bristol) and colleagues to carry out a study on the relationship between glass shape and drinking behaviours.

The study found that participants were 60% slower to consume an alcoholic beverage from a straight glass compared to a curved glass. Thus, concluding that glass shape appeared to influence the rate of drinking of alcoholic beverages. This small project received very widespread media interest and is currently being developed further by the Behavioural Insights Team at the Department of Health.

“The glass shape study... offers an avenue for public health interventions (e.g. legislation that requires glasses to be marked with volume points may slow drinking rates), and environment-based interventions that reduce intake at a population level. This work has also sparked follow-up studies investigating other aspects of glass shape/design, and intervention-based work that is looking at ways in which the faster drinking rates associated with certain glass shapes can be attenuated.”

Dr Angela Attwood





The effect of alcohol advertising and marketing on drinking behaviour in young people

Understanding the role of marketing in shaping drinking behaviours is critically important. While we are surrounded by marketing messages, identifying their precise impact on behaviour is difficult. The lack of compelling evidence in this area meant that, for many years, the alcohol industry could claim that the huge amounts of money it spent on advertising in no way contributed to increases in alcohol consumption.

In 2006, we funded Professors Lesley Smith and David Foxcroft to undertake a systematic review of studies looking at the relationship between advertising and drinking behaviour in young people.

Seven studies that followed up more than 13,000 young people aged 10 to 26 years old were reviewed. All seven studies demonstrated significant effects across a range of different exposures including direct advertising using broadcast and print media and indirect methods such as in-store promotions and portrayal of alcohol drinking in films, music videos and TV programmes.

The study provided strong support for the claim that exposure to advertising can influence both the age at which young people start to drink and the amount they consume. The findings were published in *BMC Public Health* in 2009 and remain one of the few systematic reviews of this literature. The paper has been widely cited in materials ranging from academic studies to OECD (Organisation for Economic Co-operation and Development) and World Health Organization reports. It has helped shape the current debate on marketing regulations as well as developing our knowledge in this difficult area of social research.

EDUCATION AND PREVENTION

The role of education in reducing alcohol related harms is complex. It is, understandably, often assumed that any education is better than none, and that more education is better than less. However, over the years we have funded numerous trials, evaluations and literature reviews of this subject all of which suggest that the positive effects of education programmes are generally modest at best. This is important for policy. While education has a role to play in informing young people about the effects of alcohol, to overstate its value risks promoting investment in work that may be ineffective or, at worst, counter-productive. Robust research on education is, therefore, critically important.

Throughout our history (especially as the Alcohol Education and Research Council) we have invested in the development of prevention programmes, the review of literature on effectiveness, and the trial of education interventions. However, we are clear that doing so is not about promoting education for its own sake, but ensuring it is rigorously tested and only deployed when appropriate.

Randomised Trial Evaluation of the In:tuition Programme

In 2013, we oversaw a randomised controlled trial of In:tuition: a school-based prevention programme developed by Drinkaware which used a life skills approach to promote resilience and awareness in regard to alcohol. In:tuition was delivered to 10-11 year olds in primary schools and 12-13 year olds in secondary schools. We selected an evaluation team from the National Foundation for Educational Research and throughout the trial acted as a 'firewall' between the evaluators and Drinkaware to ensure the trial was robust and credible.

Overall, the trial showed no evidence of impact (positive or negative) of the programme, compared to existing educational approaches. It also identified problems in the consistency of delivery and the level of buy-in from schools. Drinkaware accepted the results of the evaluation and as a result of the study the dissemination of this school-based life skills and alcohol education intervention was stopped.

This illustrates the importance of using robust and rigorous trials to test the value of education interventions. If not properly evaluated, ineffective programmes may be mainstreamed with little benefit.

POLICY IMPACTS

Our research programmes are designed to help ensure that policy and practice can be developed using the best possible evidence. Recently, as alcohol has moved up the political agenda across the UK, we have funded a number of projects that have either directly evaluated policy or have contributed significantly to policy debates. In the last few years we have, for example, funded research looking at how the alcohol industry seeks to shape and influence national policy, how the public view key policy initiatives such as minimum unit pricing, how alcohol marketing has developed on social media, the impact of changes to public health structures in local government, and how local partnerships can be supported to reduce harm.

Scotland's public health and licensing policy

We have a long history supporting alcohol research in Scotland, and our projects have contributed to the adoption of novel and innovative approaches to alcohol policy by the Scottish Government. In 2005, a new Licensing Act made the promotion of public health a licensing objective in Scotland, something that has not, so far, been adopted in England and Wales.

In 2011, we funded Alcohol Focus Scotland, a national charity working to prevent and reduce the impact of alcohol on individuals, families, communities, to carry out an evaluation of this novel policy. The project involved interviews with local licensing stakeholders as well as a close analysis of licensing actions and policy statements across Scotland.

The findings have informed policy, strategy and regulation by identifying both good practice and remaining challenges in effectively implementing the public health licensing objective in Scotland. This work led to a key report on local Statements of Licensing Policy as well as a toolkit to support licensing teams. As part of the project, a UK-wide dialogue group was established which now operates as a national licensing and public health network chaired jointly by Public Health England and Alcohol Research UK. The network works closely with central Government, local authorities, licensing solicitors, alcohol charities, public health teams and academics to better facilitate the use of public health intelligence in the alcohol licensing process.

"They'll drink bucket loads of the stuff" – an analysis of internal alcohol industry advertising documents

In 2009, we funded Professor Gerard Hastings to undertake a study on behalf of the House of Commons Health Select Committee as part of its inquiry into alcohol use, harms and policy.

To facilitate this, the House of Commons Health Select Committee obtained access to internal marketing documents from both producers and their advertising agencies in order to examine the thinking and strategic planning that underpins alcohol advertising and hence show not just what advertisers are saying, but why they are saying it.

The study found that despite the restrictions on alcohol advertising, advertisers were still managing to appeal to young people and promote drinking. Scrutiny of the industry's marketing documents showed that the self-regulatory codes covering alcohol advertising did not, as they are supposed to, protect young people from alcohol advertising; prevent the promotion of drunkenness and excess; or avoid the linking of alcohol with social and sexual success. Nor did they attempt to address sponsorship which was being systematically used to undermine rules prohibiting the linking of alcohol with youth culture and sporting prowess. The study also revealed the codes to be weak in their treatment of new media which was rapidly becoming the biggest channel for alcohol promotion.

As well as providing a key body of evidence to the House of Commons Health Select Committee, the results of this study have also been used to inform wider debates on advertising regulation and have been widely cited internationally.

While we are not a lobbying organisation, we continue to see policy influence as a key function. We advocate for the best use of evidence, the impartial interpretation of data, and the effective application of research findings at all levels of government and across the UK. We intend to continue to support this in the years to come.

FOSTERING NEW RESEARCH

For over 30 years, we have been dedicated to developing both talent and research within the alcohol field. We are committed to promoting knowledge exchange, ensuring better communication of research findings, and in strengthening policy interventions.

While we recognise that some types of research require very significant budgets that are beyond our capacity to support, such as: biomedical research, clinical trials or large randomised controlled trials, by specialising in social research we are able to make a big difference in creating opportunities for pioneering work that might not otherwise emerge.

In addition, our funding model gives us the ability to respond quickly to environmental changes in research, practice and policy. We achieve this by retaining sufficient funds in our budget to give us the flexibility to support activities which address emerging issues, from commissioning rapid reviews to developing projects that can help set the research agenda to identify and meet evolving policy needs.

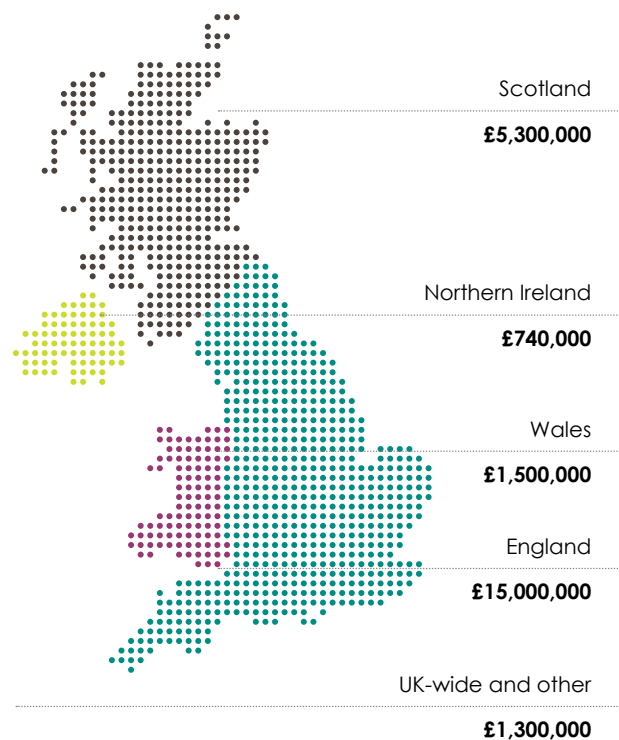
Our funding can also serve as a vital starting point for specific areas of work which go on to receive additional funding from other sources thereby enhancing the impact of our original investment. Some of the major bodies who have provided follow-on funding for our grants include: the NHS, Government departments/bodies, the National Institute of Health Research (NIHR), Research Councils, The Nuffield Foundation, Big Lottery, and Comic Relief.

“ There is almost no funding for social care research in this field. Alcohol Research UK’s willingness to fund social science relating to alcohol has been tremendous as most other relevant funding is focussed on medical and health research.”

Professor Sarah Galvani

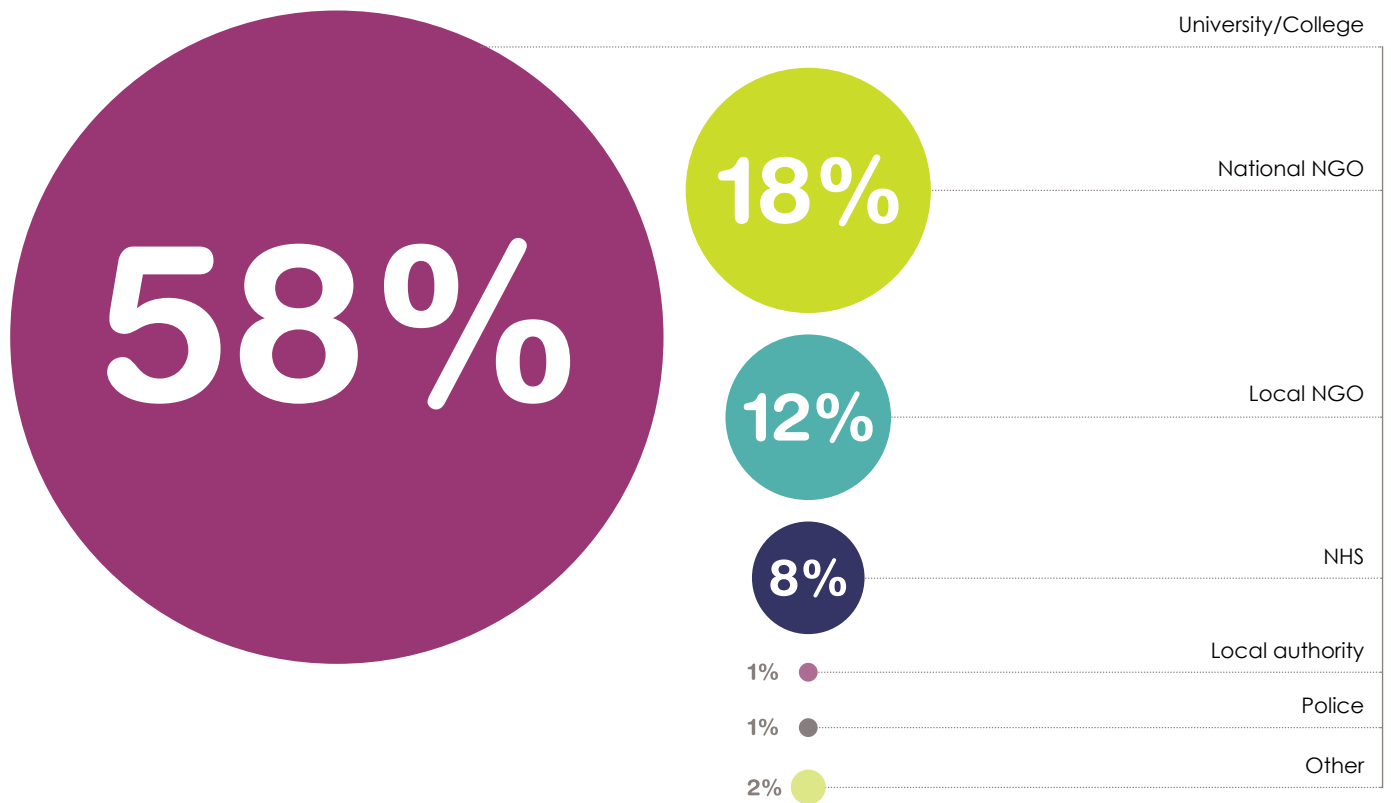
GRANT SPEND BY NATION BETWEEN 1982-2014

TOTAL GRANT SPEND
£24 MILLION



NB: Figures adjusted for inflation

NUMBER OF AWARDS ISSUED BY ORGANISATION TYPE FROM 1982-2014



Research and Development Grants

Since the 1980s, we have funded innovative work from across the UK. Our Research and Development Grants programme has enabled us to fund projects of varying types and amounts. Many of these grants have had a demonstrable impact on knowledge, policy and practice and have led to larger follow-on research programmes which have aided greater exploration within a particular theme, giving rise to powerful discoveries in the field.

In addition, our Research and Development Grants have involved teams of both junior and senior staff and have thus provided a great opportunity for early career researchers to gain valuable experience and become actively involved in new pioneering areas of research which has helped to expand their own careers as well as the pool of expertise in the field.

Small Grants

Each year, we fund a number of exploratory research projects through our Small Grants programme. These include pilot intervention studies, qualitative social research projects, evaluations, scoping projects, proof-of-concept studies and lab experiments.

Small Grants allow new ideas to be tested and often provide the foundation for much larger follow-on studies. They have allowed us to seed fund a wide range of projects and have often provided that critical first step on the funding ladder for early career researchers.

Postgraduate Research Studentships

Through our Postgraduate Research Studentship scheme, we provide a three-year bursary which is match funded by a host university to enable students to undertake research in the alcohol field leading to a PhD. We encourage PhD students to play an active role in our early career symposia and actively support them in establishing networks within the wider alcohol research community.

Over the past 30 years, this scheme has supported many students in their professional career development and has helped to disseminate a wide range of PhD theses to domestic and international audiences through the presentation of findings at conferences and scientific meetings, as well as in peer-reviewed academic publications. Our research studentship scheme has also had an impact in furthering research knowledge as a result of the diverse programmes of work undertaken.

“ My PhD research helped to launch my career in alcohol research, much of which has been in the same or related areas and has had national and international impact.”

Professor David Foxcroft

“ These findings have played a role in understanding the J-Curve association between drinking and health, suggesting that the conclusion that moderate drinkers have better health may be due to the comparison group of non-drinkers having prior illness and not due to beneficial effects of moderate alcohol.”

Dr Linda Ng Fat

Taught Course Bursaries and Continuing Professional Development Support

In addition to our funding support for researchers, we also offer support to those who work at the coalface of alcohol harm reduction – in drug and alcohol treatment services, health services and social support.

Through our Taught Course Studentship and Continuing Professional Development funds, we provide financial support for professionals and committed volunteers to develop their skills and knowledge. This support has helped many individuals with their continuing professional development and has added further capacity to the alcohol discipline.

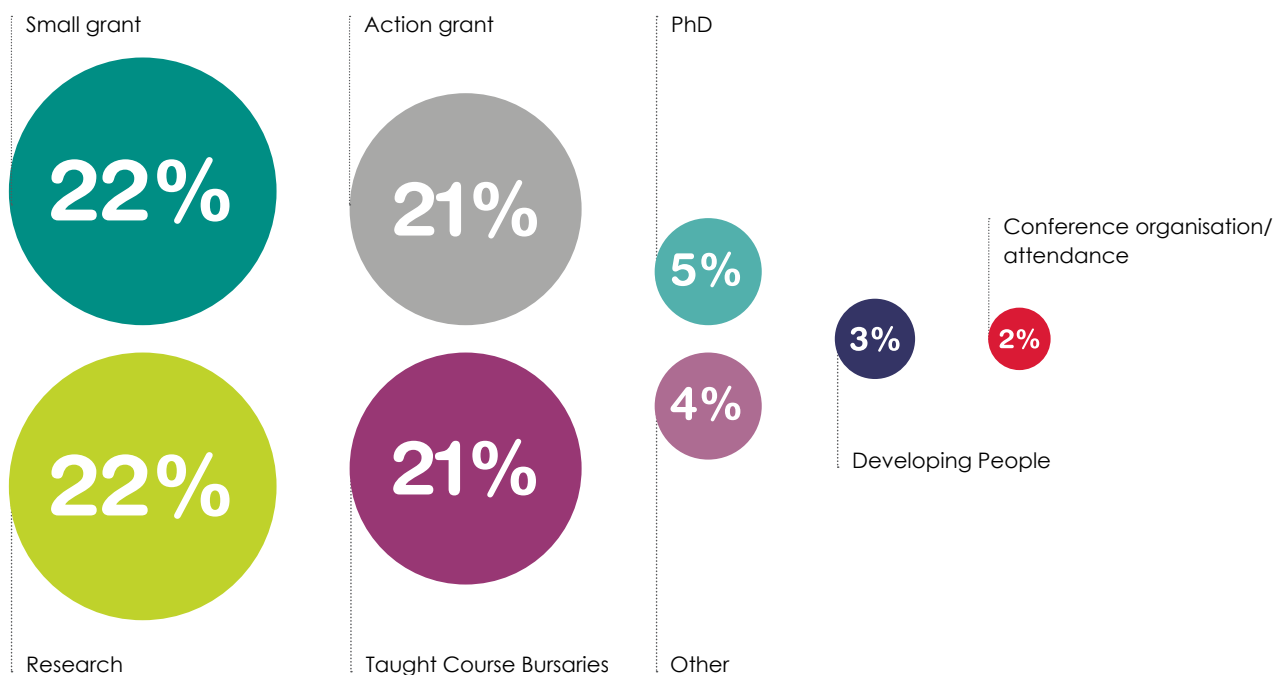
“ We had just integrated Extended Brief Interventions (EBI) into our treatment pathway in 2010... the research that I did endorsed the new pathway showing that EBI was acceptable to, and effective with, our clients. Our EBI pathway... is seen as an example of best practice by the Department of Health... We have gone on to further develop this pathway with a Skype based-EBI service.”

Dr Laura Pechey, HAGA

“ The course has made me a much more competent practitioner. My positive outcomes have increased and my last annual appraisal as a complex needs alcohol worker was outstanding... I have recently found work at a treatment centre which would not have employed me without the qualification funded by Alcohol Research UK.”

Steve Marshall

TYPES OF AWARDS ISSUED BETWEEN 1982-2014



INNOVATING FOR THE FUTURE

With alcohol harm now considered to be the UK's third leading public health risk for death and disability after smoking and obesity, finding the most effective ways to tackle it has never been greater.



SMOKING

OBESITY

ALCOHOL

We already know a great deal. But the scale of the problem is so big and the issues so complex that we need to do more. We need to understand better the many different patterns and causes of alcohol harm if we are to address effectively the health and social challenges that it is causing in society today.

We are already hard at work developing a greater understanding of:

- **Patterns of consumption** – to develop better measures of consumption among individuals and subgroups within the population (including overlooked populations such as prison-leavers, the homeless and minority communities).
- **Costs to society** – to improve or refine our estimates of the economic costs and contributions of alcohol to society.
- **Impacts of policy** – to improve methods for measuring the impact of policy interventions, especially at a local level.
- **Treatment and intervention effects** – to introduce better measures for treatment services and harm reduction interventions.

We remain committed to working collaboratively with our wide network of partners and in investing in robust research which we know is fundamental in helping to move UK society towards a less harmful relationship with alcohol.

Our experience has shown us that through shared ambition and resources we can make a real difference. Our co-funding programme has delivered real benefits in developing new and pioneering alcohol research. We want to build on these partnerships to create new and innovation research that will have a positive impact on individuals, families and communities.

We also want to extend our third-party programme initiative. This is where we take a lead role in managing research programmes on behalf of other organisations where they provide all of the funding. Our role is to provide objective and expert oversight of the programme and ensure it is undertaken independently of the funding organisation, thereby assuring its scientific credibility.

Both our co-funded and third-party programmes are subject to a rigorous assessment process to ensure the proposed research is robust and will add to the evidence-base.

We welcome support from individual donors and organisations who share our vision of reducing alcohol-related harm. We provide many opportunities to get involved. If you are interested in finding out more, please do get in touch.

Here are just some of the organisations we are proud to have worked with over the years:

Alcohol Academy – co-production of a policy report on sales to drunk customers

Alcohol Concern – evaluating the state of public health commissioning in local authorities

Balance North East – co-funding the establishment of the Alcohol Health Network, which aims to raise alcohol awareness at work

Comic Relief – co-funding of a study into gender differences in alcohol harm and consumption

Drinkaware – overseeing the trial evaluation of the In:tuition schools prevention programme

Economic and Social Research Council – co-funding an electronic longitudinal alcohol study in communities

Institute of Alcohol Studies – developing an online resource for alcohol researchers

Joseph Rowntree Foundation – co-funding of a study that identified promising approaches and initiatives in reducing alcohol related harm

Local Government Association – co-producing guidance on licensing for public health teams

Medical Research Council – co-funding two current studies: one investigating the relationship between alcohol consumption and cardiovascular risk; the other investigating excessive drinking and alcohol related harms in adulthood

Public Health England – establishing and running the national network on licensing and public health

Society for the Study of Addiction – co-funding the Drug and Alcohol Findings database

The Big Lottery Fund – co-funding of an evaluation of Aquarius' Time of My Life project

Thomas Pocklington Trust – co-funding a study into substance use and sight loss

UK Centre for Tobacco and Alcohol Studies – supporting the delivery of Continuing Professional Development programmes

UK Health Forum – co-funding international research on alcohol marketing effects

REFERENCES

- ¹ Office for National Statistics (2016), Statistical bulletin: Alcohol-related deaths in the UK, registered in 2014
- ² HSCIC, Statistics on Alcohol 2015: 5
- ³ Public Health England (2014) Alcohol Treatment in England 2013-14: 3
- ⁴ Figure adjusted for inflation
- ⁵ From 1982 to 2011 this was in the form of our predecessor, the Alcohol Education and Research Council – hereafter referred to as 'Alcohol Research UK', 'we' or 'our'.
- ⁶ Figure adjusted for inflation
- ⁷ Figure adjusted for inflation
- ⁸ Note that UK participation in ESPAD still continues, but is now led by other institution(s), although other awards from Alcohol Research UK have continued to support UK participation in this important international study.

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